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PTO/SB/01 (12-97)  
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**DECLARATION FOR UTILITY OR  
 DESIGN  
 PATENT APPLICATION  
 (37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number NIDN-10428

First Named Inventor Axelsson

**COMPLETE IF KNOWN**

Application Number 09 / 990,537

Filing Date 16-Nov-2001

Group Art Unit To be assigned

Examiner Name To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Process for Preparation of MR Contrast Agents

the specification of which  
☐ is attached hereto  
 OR

☒ was filed on (MM/DD/YYYY) 11/16/2001 as United States Application Number or PCT International

Application Number 09/990,537 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9911681.6	Great Britain	05/19/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/139,259	06/15/1999	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
This application is a continuation of PCT/GB00/01897	05/17/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to receive notices in the Patent and Trademark Office connected therewith: ☒ Customer Number **22840** OR ☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number **22840** OR ☐ Correspondence address below

Name	
Address	
Address	
City	State
Country	Telephone
	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Oskar		Axelsson	
Inventor's Signature	Date		6/2 2002
Residence: City	State	Country	SE
Post Office Address	Nycomed Innovation AB, Per Albin Hanssons vag 41		
Post Office Address	Malmo, Sweden S-205 12		
City	State	ZIP	Country

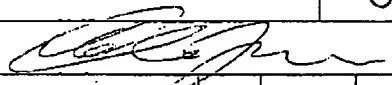
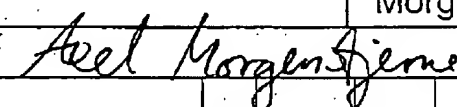
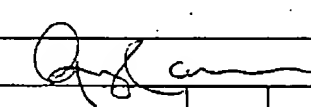
☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

PTO/SB/02A (3-97)  
APR 09 2002

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Charlotte		Olofsson	
Inventor's Signature			Date <u>4/2-2002</u>
Residence: City	State	Country	Citizenship
		SE	SE
Post Office Address Nycomed Innovation AB, Per Albin Hanssons vag 41			
Post Office Address Malmo, Sweden S-205 12			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Axel		Morgenstjerne	
Inventor's Signature			Date <u>3/1-2002</u>
Residence: City	State	Country	Citizenship
		DK	DK
Post Office Address Dangaardsvej 6, 1th			
Post Office Address Lyngby, Denmark DK-2800			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Georg		Hansson	
Inventor's Signature			Date <u>5/2-2002</u>
Residence: City	State	Country	Citizenship
		SE	SE
Post Office Address Nycomed Innovation AB, Per Albin Hanssons vag 41			
Post Office Address Malmo, Sweden S-205 12			
City	State	ZIP	Country

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Haukur		Johannesson	
Inventor's Signature	<i>Haukur Johannesson</i>		Date 5/2-02
Residence: City	State	Country	Citizenship
		SE	IS
Post Office Address Nycomed Innovation AB, Per Albin Hanssons vag 41			
Post Office Address Malmo, Sweden S-205 12			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jan-Henrik		Ardenkjaer-Larsen	
Inventor's Signature	<i>Jan-Henrik Ardenkjaer-Larsen</i>		Date 5-2-02
Residence: City	State	Country	Citizenship
		SE	DK
Post Office Address Nycomed Innovation AB, Per Albin Hanssons vag 41			
Post Office Address Malmo, Sweden S-205 12			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Post Office Address			
Post Office Address			
City	State	ZIP	Country

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